

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW	173	1127	10/26/62

## INDEX OF CLAIMS

	Rejected	N	Non-elected
	Allowed	I	interference
✓	Canceled	A	Appeal
— (Through numeral)	Restricted	O	Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
126		51		101	
127		52		102	
128		53		103	
129		54		104	
130		55		105	
131		56		106	
132		57		107	
133		58		108	
134		59		109	
135		60		110	
136		61		111	
137		62		112	
138		63		113	
139		64		114	
140		65		115	
141		66		116	
142		67		117	
143		68		118	
144		69		119	
145		70		120	
146		71		121	
147		72		122	
148		73		123	
149		74		124	
150		75		125	
151		76		126	
152		77		127	
153		78		128	
154		79		129	
155		80		130	
156		81		131	
157		82		132	
158		83		133	
159		84		134	
160		85		135	
161		86		136	
162		87		137	
163		88		138	
164		89		139	
165		90		140	
166		91		141	
167		92		142	
168		93		143	
169		94		144	
170		95		145	
171		96		146	
172		97		147	
173		98		148	
174		99		149	
175		100		150	

If more than 150 claims or 10 actions  
staple additional sheet here